PATENT APPLICATION FEE DETERMINATION RECOI Effective October 1, 2003									Application or Docket Number						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL	EN		OR	OTHER			
TOTAL CLAIMS			12					RATE FEE		FEE	1	RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC F	EE	385.00	OR	BAȘIC FEE	770.00		
TOTAL CHARGEABLE CLAIMS			/ 2 minus 20=		*			X\$ 9:	=		OR	X\$18=			
INDEPENDENT CLAIMS			/ minus 3 =		• -			X43=		OR	X86=	·			
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=			OR	+290=			
+ If	the difference	e in column 1 is	less than zero, enter "0" in column 2				TOTA	_	<i>38</i> 5	OR	TOTAL				
CLAIMS AS AMENDED - PART II									_ F	<u> </u>	10	OTHER	THAN		
(Column 1) (Column 2) (Column 3								SMAL	LE	NTITY	OR	SMALL			
AMENDMENT A		CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
₽ Q	Total	. 9	Minus	<b>-</b> 2	O'	<b>-8</b>		X\$ 9=	=		OR	X\$18=			
AME	Independent	+	Minus	***	3	-0		X43=			OR	X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=			
								TOTA				TOTAL			
(Column 1) (Column 2) (Column 3)									EL		J • · · ·	ADDIT. FEE	-		
		CLAIMS		HIGH	ST		1 г		1	ADDI-	ſ		ADDI-		
ENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	1	FEE		RATE	TIONAL FEE		
AMENDMENT	Total	· San	Mibus	**		=	ľ	X\$ 9=	1		OR	X\$18=			
ME	Independent	,011	Minús	***		Ð	ŀ	X43=	1		OR	X86=			
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OH				
								+145=			OR	+290=			
									E	•	OR ,	TOTAL ADDIT, FEE			
	(Column 1) : (Column 2) (Column 3)														
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	**		=		X\$ 9=	T		OR	X\$18=			
	Independent	•	Minus ***		=		卜	X43=	T			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								╁		OR				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+290=			
II	the "Highest Nur	nber Previously Pa	id For IN THIS	S SPACE is	less than	20, enter "20."	A	TOTA DDIT. FEI			OR ,	TOTAL ODIT, FEE			
		mber Previously Paid ber Previously Paid					foun	nd in the a	appro	opriate box	in col	umn 1.			